

Federal Advisory Committee (FAC) Membership Balance Plan

Please read the Federal Advisory Committee Membership Balance Plan Guidance prior to completing this form

(1) FEDERAL ADVISORY COMMITTEE NAME <i>State the legal name of the FAC</i>
Medicare Evidence Development & Coverage Advisory Committee (MEDCAC)
(2) AUTHORITY <i>Identify the authority for establishing the FAC</i>
<p>42 U.S.C. 217a, section 222 of the Public Health Service Act, as amended. The Medicare Evidence Development & Coverage Advisory Committee is governed by the provisions of Public Law (P.L.) 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.</p>
(3) MISSION/FUNCTION <i>Describe the mission/function of the FAC</i>
<p>The Secretary, and by delegation, the Administrator of the Centers for Medicare & Medicaid Services (CMS), and the Director of the Center for Clinical Standards and Quality, CMS, are charged with deciding which medical items and services are reasonable and necessary for Medicare beneficiaries under title XVIII of the Social Security Act. The Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) provides advice to CMS on topics under review by Medicare.</p>
(4) POINTS OF VIEW <i>Based on understanding the purpose of the FAC,</i> <i>(a) describe the process that will be used to ensure the committee is balanced, and identify the categories (e.g. individual expertise or represented interests) from which candidates will be considered;</i> <i>(b) consider identifying an anticipated relative distribution of candidates across the categories; and</i> <i>(c) explain how a determination was made to appoint any individuals as Special Government Employees or Representative members</i>
<p>The MEDCAC shall consist of a maximum of 100 appointed members. Members shall be selected by the CMS Administrator's designee, from among authorities in clinical and administrative medicine, biologic and physical sciences, public health administration, advocates for patients, health care data and information management and analysis, the economics of health care, medical ethics, and other related professions. A maximum of 94 members shall be at-large standing members, (6 of whom are patient advocates). Additionally, 6 members shall be members representing the industry interests. The Administrator's designee will appoint a Chair and Vice-Chair from among the pool of at-large members.</p> <p>The panel for each MEDCAC meeting will be comprised of the standing Chair (or standing Vice-Chair) who will preside, or in their absence an interim Chair delegated by the Administrator's designee; one member (representing industry interests); and one Patient Advocate. The panel will be chosen from the standing pool of at-large members. The Designated Federal Official attends each Committee meeting and ensures that all procedures are consistent with applicable statutory and regulatory directives. There will be no more than 15 MEDCAC members serving at a particular meeting. All members undergo a vigorous examination of conflict of interest prior to appointment as a Special Government Employee (SGE) and again before serving on a panel. MEDCAC members are selected for a panel based upon their individual qualifications and not as representatives of professional associations or associations. We wish to ensure adequate</p>

physically challenged individuals. Therefore, we encourage nominations of qualified candidates who can represent these interests.

(5) OTHER BALANCE FACTORS

List any other factors your agency identifies as important in achieving a balanced FAC

CMS also acknowledges that the practice of medicine can vary somewhat throughout the country and that access to certain technologies similarly may vary, and we incorporate those viewpoints by seeking to balance the panel geographically. We actively seek out experts in rural health and disparities in health to provide discussion on those issues as part of the panel meeting when applicable.

(6) CANDIDATE IDENTIFICATION PROCESS

Summarize the process intended to be used to identify candidates for the FAC, key resources expected to be tapped to identify candidates and the key persons (by position, not name) who will evaluate FAC balance. The summary should:

- (a) describe the process*
- (b) identify the agency key staff involved (by position, not name)*
- (c) briefly describe how FAC vacancies, if any, will be handled by the agency; and*
- (d) state the membership term limit of FAC members, if applicable*

A Notice is prepared by the Designated Federal Officer and published in the Federal Register to solicit nominations for any open positions. Once the nomination period closes, qualified nominees shall be selected by the Administrator's designee, from among authorities in clinical and administrative medicine, biologic and physical sciences, public health administration, advocates for patients, health care data and information management and analysis, the economics of health care, medical ethics, and other related professions. Members shall be invited to serve for 4-year terms. Terms of more than 2 years are contingent upon renewal of the Charter. Members may serve after the expiration of their terms until successors have taken office. The period of service for the Chair and Vice-Chair shall be no more than 4 years. The Agency may adjust terms of membership to ensure that MEDCAC member terms expiring do not exceed 25 percent per year.

(7) SUBCOMMITTEE BALANCE

Subcommittees subject to FACA should either state that the process for determining FAC member balance on subcommittees is the same as the process for the parent FAC, or describe how it is different*

**This is relevant to those agencies that require their subcommittees to follow all FACA requirements.*

Not Applicable.

(8) OTHER

Provide any additional information that supports the balance of the FAC

Not Applicable.

(9) DATE PREPARED/UPDATED

Insert the actual date the Membership Balance Plan was initially prepared, along with the date(s) the Plan is updated

June 2016.